

SERIAL NUMBER 09/444,507	FILING DATE 11/22/99	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. VPR-001US
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APPLICANT

ANDREW L. DIRIENZO, ELIZAVILLE, NY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/109,453 11/23/98

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/15/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 14	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

WESTERLUND & POWELL PC  
122 N ALFRED STREET  
ALEXANDRIA VA 22314-3011

TITLE

METHOD OF COORDINATING MAINTENANCE OF VITAL PATIENT DATA AND SOFTWARE THEREFOR

FILING FEE RECEIVED  \$419	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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**\*BIBDATASHEET\***

Bib Data Sheet

**CONFIRMATION NO. 8746**

SERIAL NUMBER 09/444,507	FILING DATE 11/22/1999  RULE	CLASS 705	GROUP ART UNIT 2166	ATTORNEY DOCKET NO. VPR-001US
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## APPLICANTS

ANDREW L. DIRIENZO, ELIZAVILLE, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLN CLAIMS BENEFIT OF 60/109,453 11/23/1998

CB

verified

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

CB

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 12/15/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>David Black</i> Initials CB	NY	14	18	4

## ADDRESS

WESTERLUND & POWELL PC  
122 N ALFRED STREET  
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223143011

## TITLE

METHOD OF COORDINATING MAINTENANCE OF VITAL PATIENT DATA AND SOFTWARE THEREFOR

FILING FEE  RECEIVED 419	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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CONFIRMATION NO. 8746

<b>SERIAL NUMBER</b> 09/444,507	<b>FILING OR 371(c) DATE</b> 11/22/1999 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> VPR-001US	
<b>APPLICANTS</b> ANDREW L. DIRIENZO, ELIZAVILLE, NY; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/109,453 11/23/1998 <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/15/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 37119					
<b>TITLE</b> METHOD OF COORDINATING MAINTENANCE OF VITAL PATIENT DATA AND SOFTWARE THEREFOR					
<b>FILING FEE RECEIVED</b> 503	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____		